



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Epidemiology, Health Statistics and Public Health Laboratories Division

PO Box 47811 • Olympia, Washington 98504-7811

Tel: (360) 236-4203 • FAX: (360) 236-4245

April 24, 2006

I'm writing today to ask your organization to participate in a very important workgroup to look at the current funding and payment methods for the treatment of children identified with a congenital disorder through the Department of Health's Newborn Screening Program.

Each year, the state public health laboratory performs approximately 662,000 tests for 75,000 newborns to screen for the nine genetic conditions required by the State Board of Health. On average, 60 infants are detected with significant disease conditions. While the disorders are uncommon, they do require highly specialized services to realize the substantial benefits of early detection and treatment.

A *specialty clinic fee*, authorized in Section 70.83.020 RCW by the 1999 legislature, helps support these critical services. The initial fee established in 1999 provided funding to replace a discontinued federal grant that supported the treatment of children identified with one of the four conditions that were screened for at that time. In 2003, the State Board of Health adopted five new conditions to the screening panel. The 2005 Legislature directed the Department of Health (DOH) to implement an additional fee to help fund the cost of treatment for children identified with one of the five new conditions. However, that authority for the additional fee expires in June 2007.

DOH and the Washington State Hospital Association have agreed to work together to facilitate a workgroup to evaluate how healthcare services for these disorders are currently paid for; identify funding and payment gaps, if any; identify and evaluate alternative funding and collection methods; and assess the availability of additional federal, state, or grant funding. The workgroup will be assembling information and developing options for consideration by decision makers (Legislature, DOH). A preferred recommendation may be developed.

We are hoping that a representative from your organization will be able to participate in this important activity. Attached is a document that describes the scope of the workgroup, the expected timeline, the invited participants and a list of the desired qualifications of the representatives. We hope to have three meetings with our first meeting at the beginning of June and a final report in October 2006.

Your input on this issue will be very valuable and we hope that a representative from your organization will be able to participate on the workgroup. Please contact Jennifer Tebaldi at (360) 236-4225 or jennifer.tebaldi@doh.wa.gov by May 10th with the name and contact information of your representative.

Please call Brenda Suiter from the Washington State Hospital Association at (206) 216-2531 or Jennifer Tebaldi, at the number above, if you have any questions or would like to discuss the specialty clinic fee workgroup further.

Sincerely,

Jennifer Tebaldi
Director of Policy

NEWBORN SCREENING PROGRAM (NBS) SPECIALTY CLINIC FEE WORKGROUP

APRIL 2006

Scope – To conduct a study of the funding and collection mechanisms that support the treatment of disorders defined by the State Board of Health for newborn screening. The study shall evaluate how healthcare services for these disorders are currently paid for; identify funding and payment gaps, if any; identify and evaluate alternative funding and collection methods; and assess the availability of additional federal, state, or grant funding.

Decision Making Scope – this group will be assembling information and developing options for consideration by decision makers (Legislature, Department of Health). A preferred recommendation may be developed. A summary of how services are currently paid for and the feasible funding options with the pros and cons will be developed in addition to the information above.

Timeline - June 2006 – October 2006

Invited Participants -

PARTICIPANTS	REPRESENTING
Department of Health	NBS Program, Public
University of WA Medical Center	Financial perspective on costs and reimbursements
State Board of Health	Public
March of Dimes	Children with disorder (and parents)
Health and Recovery Services (DSHS)	Government Payer
Washington Health Plan Association	Private Payer
Washington State Hospital Association	WA State Hospitals
Health Care Authority	Major purchaser of health care services
Insurance Commissioner	Regulator
Washington State Medical Association	Health Care Provider

Representative Qualifications

- ♦ Good technical (financial and operational) expertise of the part of the health care system that they are representing
- ♦ Solid background and understanding of the health care delivery payment system (appropriate to the group being represented)
- ♦ Understanding of the opinions and positions of the groups they are representing
- ♦ Ability to gather information from like organizations in U.S. or the groups they are representing
- ♦ Ability to look at issues from all sides and consider alternatives
- ♦ Ability to work in a collaborative workgroup environment